-ISSUE FEE TRANSMITTA Complete and mail this form, regether with at ıbie fees, to: **Box ISSUE FEE** Assistant Commissioner for Pate. ns Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic Receipt, the Patent, actionce orders and notification of maintenance fees will be mailed to the current correspondence address as incleated unless corrected below or directed otherwise in Block 1, by (a) mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **Certificate of Mailing** CURRENT C' RRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on LM61/0714 the date indicated below. JOHN G POSA GIFFORD KRASS GROH SPRINKLE PATMORE ANDERSON & CITKOWSKI Sheryl L. Hammer (Depositor's name) 280 N WOODWARD AVE SUITE 400 anne BIRMINGHAM MI 48009 (Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED \$3/834,912 04/07/97 027 First Named Applicant WASHINO, KINYA TITLE OF AUDIO/VIDES PROJUCTION STATEM WITH FRAME-RATE CONVERSION INVENTION ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE 2 FNI-02202/03 348-441.200 V71 UTILITY \$605.00 <u> 10/14/99</u> 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Gifford, Krass, Groh, 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent <u> 1Sprinkle, Anderso</u>n attorneys or agents OR, alternatively, (2) & Citkowski, PC ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a PTO/SB/122) attached. member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to X Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for 10 filing an assignment. Advance Order - # of Copies (A) NAME OF ASSIGNEE 4b: The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) 07-1180 DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual corporation or other private group entity government ☐ Advance Order - # of Copies OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. The COMMISSIONER 음음 (Authorized Signature (Date) 605 30 A John G. Posa 9/21/99 MSHIFER1 .00000031 08834912 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

TRANSMIT THIS FORM WITH FEE

of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection